DOCUMENT RESUME

ED 383 981 CG 026 275

AUTHOR Kelly, Eugene W., Jr.; And Others
TITLE Muslims in America: An Exploratory Study of Universal and Mental Health Values. Final Report for 1992-1994 Research Project.
SPONS AGENCY Association for Counselor Education and Supervision, Alexandria, VA.
PUB DATE Feb 95
NOTE 42p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Attitude Measures; Counselors; Cross Cultural Training; *Cultural Differences; *Ideology; Individual Characteristics; *Islamic Culture; *Religious Cultural Groups; *Social Values; Values
IDENTIFIERS Muslims; *Value Profile Concept; Values Research

ABSTRACT

Muslims now constitute a large and growing segment of American society. This project was an exploratory study whose purpose was to obtain a preliminary picture of counseling-relevant values of Muslims in America. The study obtained a preliminary value profile of American Muslims in two significant value areas: universal values and mental health values. Forty-three Muslim females and 78 Muslim males in the metropolitan Washington, D.C. and Chicago (Illinois) areas were surveyed. In the area of universal values, Muslims highly value benevolence, religiousness, and conformity and disvalue power, hedonism, and stimulation. In the domain of mental health values, the Muslim respondents highly value 9 of the 11 characteristics. It is important to note differences and commonalities between counselors' and Muslim's values. Although this study should be considered preliminary, it highlights the need to have counselors who are aware of the values of this important and understudied group. Survey results are presented in five appended tables. (Contains 42 references.) (JE)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 383 981

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
E. KELLY, JR.
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Muslims in America: An Exploratory Study of Universal and Mental Health Values

Final Report for 1992-1994 Research Project

Funded by

Association for Counselor Education and Supervision

Principal Investigator:

Eugene W. Kelly, Jr., Ph.D.

George Washington University

Co-Principal Investigators:

Amany Aridi, M. S.
George Washington University

Laleh Bakhtiar, Ph.D.
The Institute of Traditional of Psychoethics and Guidance

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

February 1995

Introduction

This project was an exploratory study whose purpose was to obtain a preliminary picture of counseling-relevant values of Muslims in America, who now constitute a large and growing segment of American society.

The need for this study was predicated on the convergence of two sets of considerations. One is the importance of counselor and client values in counseling. The second is the large and growing population of persons whose values are rooted substantially in Islam, a world religion and cultural heritage about which Americans, including counselors, are generally not well informed.

Review of Selected Literature

Values in Counseling

Substantial research and theory underscore a potentially significant relationship between counseling processes and outcomes and counselor values, including a wide range of humanistic, cultural, spiritual, and religious values. Recent comprehensive reviews of values in counseling and psychotherapy note that "researchers and clinicians generally concede that counseling is a value-laden enterprise" (Beutler & Bergan, 1991,

CG026275

BEST COPY AVAILABLE

p. 38), and that the view of therapy as a "value-free enterprise" is "a misconception" that is "giving way to analysis and research investigating the dyadic role of patient/therapist values in therapy" (T. A. Kelly, 1990, p. 172).

This is not to say, of course, that the domain of values is clearly delineated in counseling practice. Indeed, while value issues have come to be widely accepted as pervasive elements in counseling and psychotherapy and have generated considerable study of values vis-a-vis counseling dealing with both therapeutic and ethical issues (see, e. g., Bergin, 1991; Beutler & Bergan, 1991; Beutler, Crago, & Arizmendi, 1986; Corey, Corey, & Callanan, 1992; Gartner, Harmatz, Hohmann, Larson, & Gartner, 1990; Haugen, Tyler, & Clark, 1991; Herr & Niles, 1988; Jackson & Patton, 1992; Jensen & Bergin, 1989; E. W. Kelly, 1994b, in press-a; T. A. Kelly & Strupp, 1992; Mitchell, 1993; Norcross & Wogan, 1987; Patterson, 1989; Schwenn, & Schau, 1990; Tjeltveit, 1986; Vardy & Kay, 1982), many questions regarding values in counseling still remain to be clarified (Bergin, 1991; Beutler & Bergan, 1991). Based on their extensive review of studies concerned with the influence of values in counseling, Beutler and Bergan (1991) and T. A. Kelly (1990) note that pertinent research allows us to accept two key findings with reasonable confidence: (a) over the course of counseling rated as beneficial by the counselor, client values converge toward those of the counselor, and (b) complex patterns of initial client-counselor values similarity and dissimilarity contribute to client-counselor value convergence.

The value convergence phenomenon points to the importance of increasing our understanding of the values that both counselors and clients bring to counseling. Beutler and Bergan (1991) propose that studies of values that are typically characteristic of counselors and therapists (see, e. g., Jensen & Bergin, 1988; E. W. Kelly, in press-a) are an important initial step toward a more systematic understanding of value influence in counseling. From the counselor's side, E. W. Kelly (in press-a) has provided a detailed profile of counselor values in four value domains (universal, mental health, individualistic-collectivistic, and religious/spiritual), based on a national survey of counselor values. Results of this study yielded a multifaceted, generally concordant, although by no means unanimous, value profile for professional counselors across these four value domains, with an overall content pattern that might be globally summarized as a strong core valuing of holistic-humanistic empowerment related to personal development and interpersonal/social concern. E. W. Kelly's findings with respect to professional counselors is generally comparable--although not without some differences--to similar results on values for other mental health professionals (Haugen, Tyler, & Clark, 1991; Jensen & Bergin, 1988).

Value influence in counseling occurs not only as a function of the counselor's values but in the mutual interaction of client and counselor values. Therefore, an understanding of value orientations that are typically characteristic of clients

according to major socio-demographic categories like culture, ethnicity, and religion affords potentially useful background information in the effective therapeutic and ethical inclusion of values in counseling. Because value influence occurs in a complex interaction of value similarities and differences between the counselor and client, it can be particularly helpful in understanding this interaction to compare counselors and clients according to similar value categories measured with the same or highly comparable value instruments.

Such understanding takes on special urgency in the case of populations whose cultures and religions (e. g. Islam in Middle Eastern cultures) involve perspectives and value systems that may diverge in substantive ways from the cultural concept of modern humanity as viewed by contemporary Western civilization, which has had a dominant influence in shaping modern psychology, counseling, and psychotherapy. A knowledge of value differences and similarities across cultures and religions is important for avoiding value misunderstandings that may have negative therapeutic and ethical consequences (Badri, 1979; Ibrahim, 1989; Jafari, 1993). The study reported here takes a modest step toward expanding our knowledge in this area by examining the value orientation of a specific population sample--Muslims in America--with value instruments used previously in E. W. Kelly's (in press-a) national study of counselor values.

Muslims in America

Islam is now the third largest world religion in North America. Although there is no completely accurate count of the number of Muslims in America, carefully calculated estimates placed the number at about 3.3 million in the 1980s (Stone, 1991; Haddad & Lummis, 1987); a more recent estimate puts the number between 4.6 to 5 million (Bagby's study as cited in Dart, 1995), making Islam the second largest American religious minority after Judaism. Indeed, its rapid growth with increased immigration from traditionally Islamic countries, a relatively high birth rate, and an increasing number of converts (especially among African American who now constitute about 42 percent of the American Muslim population) make it reasonable to predict that by the second decade of the 21st century Islam will be the second largest religion in America after Christianity (Bagby as cited in Dart, 1995; Haddad & Lummis, 1987; Melton, 1993; Rifkin, 1994; Waugh, Abu-Laban, & Qureshi, 1991). Although the number of Muslims is growing, this group continues to be understudied (Ghayur, 1981; Rashid, 1985), widely misunderstood, and falsely stereotyped (Briggs, 1993). The sensitivity of American Muslims to this situation is thought to make practicing Muslims reluctant to go to Western counselors because they feel the counselor will not understand their values and as result will try to change their values (L. Bakhtiar, personal communication, December 30, 1993).

Although Islam like the other great Abrahamic religions

(Judaism and Christianity) is marked internally with certain systemic and individual differences of opinion and interpretation, a common body of Islamic belief and practice represents a rich religious and cultural heritage that binds its adherents together:

> Belief that the Qur'an is the final revelation of God to humanity and adherence to its specific injunctions is the cornerstone of the common identity [of Muslims]. In addition to the Qur'an, the collections of traditions (hadith), which are believed to be sayings from and about the Prophet Muhammad as remembered and written down by his followers, are an integral part of Islamic teaching. Together, the Qur'an and the hadith provide a common bond for all Muslims and are the basis for the Islamic law or shari'a, which sets out a complete way of life. (Haddad & Lummis, 1987, p. 16)

In practice the Qur'an calls for five specific acts of worship (commonly referred to as the five pillars of Islam) that shape the lives of observant Muslims. First is the affirmation that there is no God but Allah and that Muhammad is His prophet; second, the performance of ritual prayer five times a day; third, the sharing of wealth with the needy; fourth, fasting from sunrise to sunset during the Islamic month of Ramadan as a way of increasing one's consciousness of God; and fifth, a pilgrimage to Mecca (Muhammad's birthplace) at least once in one's lifetime, finances permitting.

The power of Islam to inform the values and activities of Muslims is reflected in Haddad and Lummis's (1987) study of mosque members who reported their Islamic observance as predominantly strict (46%) or moderate (36%). In this light, Islam represents not just a religion but an ideology and a way of life (Badri, 1979), forming cultural values and beliefs heavily grounded in the religion of Islam. At the same time, Muslims--and specifically the Muslims of America--cannot be viewed as a monolithic group. Differences among Muslims stem in part from historical, political, and theological controversies, as expressed, for example, in five major schools of Islamic law and in the traditions of the Sufi order that represents a variety of disciplines and intellectual endeavors rooted in the mystical heritage of Islam. Of particular importance in America are certain generational and gender differences among Muslims in the manner and degree in which Islamic religious observance and law may be accommodated to mainstream American culture, for example, with respect to the permissibility of young men to date or for married women to hold jobs outside the home (Haddad & Lummis, 1987).

An approach to a study of Muslims and values may be done in basically two ways. One is to describe specifically Islamic doctrine as enshrined in the Qur'an, the collections of traditions (hadith, believed to be sayings from and about the Prophet Muhammad as remembered and written down by his followers), and religious laws rooted in Qur'an and the hadith,

and then to examine these Islamic teachings as they are actually observed and practiced in the lives of Muslims; this is primarily the approach that Haddad and Lummis (1987) took in their study of Islamic Values in the United States. A second approach is to study what Haddad and Lummis call "overarching philosophical and ethical values, such as justice and truth, that are the foundation of all world religions" (p. 166), as well as utilitarian and mental health values such as benevolence, power, autonomy, and self-expression, that are diversely characteristic of peoples across many cultures. This second approach (explicitly not taken by Haddad and Lummis) is the one used in this study; this is a study of values of Muslims, not Islamic values. Specifically, it is a preliminary study of a set of universal and mental health values in a modest sample of Muslims from two urban areas of the United States. The intent of this approach is to gain an initial understanding of the values of Muslims in America as expressed in value categories that are generally common to most persons across many cultures (Schwartz, 1992) and pertinent to mental health concerns (E. W. Kelly, in press-a). The importance of this approach is that it provides a preliminary values profile of American Muslims according to universal and mental health value categories on which we already have knowledge of a representative sample of counselors (E. W. Kelly, in press-a), thereby enhancing the potential of counselors to better understand and work with this particular client population from comparisons based on a common set of values.

Research Questions

The purpose of this exploratory study was to obtain a preliminary value profile of American Muslims in two significant value areas, namely general or universal values and mental health values. Specifically, the survey was designed and conducted with the following guiding questions.

1. What is the value profile of this American Muslim sample in terms of 10 basic value dimensions (self-determination, stimulation, hedonism, achievement, power, security, conformity, tradition, benevolence, and universalism) that represent a universal value structure as identified Schwartz's (1992) research? Corollary questions are:
   a. Are there any within group value differences according to selected demographic, religious, or counselor preference factors?
   b. How does this American Muslim sample compare with professional counselors on these universal values?
2. What is the mental health values profile of this sample of American Muslims? Corollary questions are:
   a. Are there within group differences on mental health values according to major demographic, religious, or counselor preference factors?
   b. How does this American Muslim sample compare with professional counselors on these mental values?

Method

Sample

The study was originally designed to obtain data from approximately 150 Muslims in the Washington, DC, metropolitan area, which has a substantial Muslim population representative of several predominantly Islamic countries. Recognizing the potential difficulties of obtaining survey responses (Haddad & Lummis, 1987) and being financially limited in conducting a large survey with several follow-up probes, three prominent members of the Washington Muslim community were asked to help with the distribution and collection of research surveys among Muslims at various locations in the metropolitan Washington, DC. The study was subsequently expanded to include a sample of Chicago area Muslims who were contacted by the third author. The final survey sample consisted of 43 females and 78 males, ranging in ages from 12 to 62 (M = 35.2, Mdn = 36.5, SD = 11.7) with 18 (15%) respondents indicating the United States as their country of origin and 100 (83%) indicating other countries of origin (see Table 1) with a length of stay in the United States ranging from 1 to 40 years (M = 15.2, SD = 7.6, Mdn = 15). The respondents were generally highly educated, with 35 (28.9%) holding the bachelor's as the highest degree, 23 (19%) the master's, 18 (14.9%) non-medical doctorates, 9 (7.4%) an MD, and 20 (16.5%) a high school diploma and some college. The manner of distributing and collecting packets is described in the Procedure section.

Demographic data about Muslims in the United States are "scattered, often inaccurate, and difficult to attain (S. El-Badri, personal communication, January 13, 1995; see also El-Badri, 1994), thereby making it making difficult to compare in detail the characteristics of the sample in this study to characteristics of American Muslims in general. Results of a recent survey report of masjid [i. e., mosque] communities, conducted by the Islamic Resource Institute (IRI), gives the breakdown of major ethnic groups of mosque-attending Muslims in America as African-American 29%, Arab 21%, Indo-Pakistani 29%, Mixed Arab/Indo 10%, and other 11% (Islamic Resource Institute, 1994). The ethnic breakdown of this study's sample (see Table 1) was Indo-Pakistani 40.5%, Arab 21.5%, other 15.7%, and unknown (including USA and no response categories) 22.3%. Thus in terms of ethnic group percentages of mosque-attending Muslims in America this study is similar to the Arab population, moderately over-represents the Indo-Pakistani population, and does not represent the large African-American Muslim population. Of the 10 metro areas listed in the IRI survey, Chicago and Washington (the cities in which this study was conducted) rank as the third and fourth largest in number of masjid (mosque) communities and Friday prayer attendees in North America.

Instruments

The survey packet included two value instruments, a demographic and information sheet, and a cover instruction sheet. Prior to finalizing the survey packet, it was reviewed by several Muslim scholars (see below in Procedure section) and minor revisions were made in the cover sheet, particularly to assure respondents of anonymity.

1. Schwartz Universal Values Questionnaire. A value questionnaire developed by Schwartz (1992) was used to query participants about their basic general values. Schwartz's universal values questionnaire (SUVQ) includes 56 specific value words or phrases including both terminal and instrumental values (as defined by Rokeach [1973]) and representing a larger value structure of 10 value types. It is divided into two lists with 30 terminal and 26 instrumental value words or phrases, each with an additional explanatory phrase in parentheses (see Appendix A). Twenty-one of the values are identical to those in the Rokeach list; others are taken from instruments and texts in other cultures. Each of the items is rated on a scale of -1 (opposed to my values) through 7 (of supreme importance). Participants are instructed at the beginning of each value list to first choose the value that is most important and rate its importance, next to choose the value that is most opposed to the respondent's values and rate it -1, 0, or 1, and then to rate all other items according to their importance. SUVQ development and validation was carried out in an international study with over 9,000 subjects from 20 countries on every continent except Antarctica, with no fewer than 200 subjects in any one country. Using the method of small scale analysis to locate specific values within predicted value types, Schwartz (1992) and his colleagues were able to confirm 10 of the original 11 value types, with the 56 values consistently located by 80% of their international samples according to the value type structure that researchers had hypothesized. Their structural analysis did not identify separate regions distinguishing terminal and instrumental values, implying that the distinction between terminal and instrumental values does not significantly affect how persons relate to values. Using alpha coefficients to examine internal consistency for each value type in heterogeneous adult samples from four countries, Schwartz (1992) reported mean reliabilities ranging from .75 for stimulation to .55 for tradition, with overall average reliabilities of .67 in Australia, .68 in Holland, .71 in Israel, and .60 in Japan. As Schwartz notes, considering the small number of items for each type, these reliabilities are quite reasonable. Table 2 presents the 45 SUVQ items used for this study arranged according to the corresponding 10 value types. A brief description of each of the value types is presented in Table 3.

2. Mental Health Value Survey. The 53-item Mental Health Value Survey (MHVS) developed by E. W. Kelly (in press-a) was used to measure mental health values. The MHVS contains 32 items from Jensen and Bergin's (1988) mental health value questionnaire and 21 new items based on a review of mental health concerns

particularly relevant in the counseling profession as well as especially pertinent in American society, all of which were reviewed by a panel of experts prior to finalizing the instruments. MHVS is designed for respondents to rate all items in two categories: (a) importance of the value for a positive, mentally healthy lifestyle (MHVS-L), and (b) importance of the value in guiding and evaluating counseling/psychotherapy with clients (MHVS-GE). Only the MHVS-L was used for the present study and hereinafter will be referred to as MHVS. In a study of 497 counselors reliability coefficient of .91 was obtained for the total MHVS. A factor analysis yielded 11 MHVS subscales with subscale reliability coefficients ranging from .83 to .45 with a median of .65. All MHVS items and factor-derived subscales are presented in Table 4.

3. Demographic and Religious Information Sheet. This sheet contained 5 demographic information items, including age, gender, country of origin, length of time in the United States, and highest level of education. There were 7 religious information questions study (see Table 5), 5 of which were taken directly from Haddad and Lummis's (1987) study, and 3 questions regarding counselor preference (see Table 6). A final item asked for optional open-ended comments.

Procedure

As a first step in preparing the study, the first two authors conferred with Dr. Seyyed H. Nasr, University Professor and Professor of Islamic Studies at George Washington University, Dr. Akram Kharroubi, then faculty advisor for the Muslim Student Association of George Washington University (now assistant professor at the College of Science and Technology, Alquds University, Jerusalem, West Bank), and Dr. Abdullah Khouj, Director of the Islamic Center of Washington. They provided expert guidance on the project, including assistance for selecting participants, refining instruments, and approaching diverse elements in the Islamic community, as well as suggestions of names of other Islamic experts who could give additional input before finalizing and distributing the research instruments. As a result of the latter suggestion, comments regarding the study were obtained from Dr. Laleh Bakhtiar of the Institute of Traditional Psychoethics and Guidance in Chicago, Dr. Mohammad Shafii, Professor of Psychiatry and Director of the Child Psychiatry Training Program at the University of Louisville, and Dr. Sayyid Muhammad Syeed, then Editor-in-Chief of The American Journal of Islamic Social Sciences and now head of the Islamic Society of North America. These experts reviewed the major elements of the project and the instruments, and each sent a full reply with advice and encouragement. As a result of this correspondence, Dr. Laleh Bakhtiar agreed to join the project as a co-principal investigator.

The two value instruments were arranged in alternating positions in the 600 instrument packets, with the instruction

sheet stapled on top and the demographic and religious information sheet stapled at the end of all instrument packets. Five hundred packets were distributed in the Washington, DC area by three well regarded persons in the Muslim community to college students in a Friday prayer group, Muslim worshippers at a local mosque, students at a local Muslim school, and several professionals and staff members of a Muslim organization, with 94 usable survey being returned. One hundred packets were distributed at a suburban mosque in the Chicago area and 27 completed surveys were collected by the third author. The total number of usable returned surveys was 121.

Results

Descriptive and inferential analyses were used to examine data from the two value instruments and the demographic and religious information sheet according to the research questions for the study. Descriptive statistics are used to present overall religious observance and value profiles of respondents. Within each of the two value areas (universal values and mental health values), MANOVAs were used to examine potential overall value differences among respondents according to key demographic and religious factors.

Religious Observance Information

Responses to the 7 religious information questions are presented in Table 5. Responses to questions regarding how strictly Islam should be observed (strictly: n = 57, 47.1%; moderately: n = 44, 36.4%), the degree of personal religiousness (very: n = 14, 11.6%; quite: n = 77; 63.6%; somewhat: n = 26, 21.5%), and the frequency of religious practice (combined responses of "often" and "sometimes" ranged from 88.4% to 70.2% with median of 78.4%) show that the respondents in this study were generally quite religious.

Counselor Preference Information

Responses to the 3 counselor preference questions are presented in Table 6. A slight majority (n = 64, 52.9%) responded that if they needed counseling they would prefer a Muslim counselor, while 43.8% (n = 53) responded that either a Muslim or non-Muslim counselor would be acceptable. When the respondents were asked how important it was for the counselor to have values similar to theirs if they had to go to a non-Muslim counselor, over three-quarters (77.6%, n = 94) responded "very important" or "somewhat important," with over half (51.2%, n = 62) choosing "very important." Furthermore, 96% (n = 104) of all respondents considered it very important or somewhat important for their counselor to be have a knowledge of Islamic values, with 56.2% (n = 68) responding in the "very important" category. To explore the possible basis for the split in counselor

preferences, a correlation matrix for all 19 demographic, religious, and counselor preference items was prepared (see Table 7), and then a regression analysis conducted with counselor preference as the dependent variable. Of the 48 comparisons between the 16 demographic and religious information variables and the 3 counselor preference variables, 15 were significant at less than .01, all of them religious variables. Table 7 also shows that the three counselor preference items were highly correlated with each other, indicating that the three items were measuring basically the same underlying response with respect to counselor preference and confirming the overall strong preference of this study group for Muslim counselors and/or counselors who understand Muslim values. Given the high correlation of these three items, it was considered sufficient to select one--the item asking about preference for a Muslim or non-Muslim counselor (labeled CnslrTyp)--as the dependent variable in the subsequent regression analysis. Because the pattern of correlations showed that none of the five demographic information items were significantly correlated with the counselor preference items at the .01 level, none of the demographic variables were entered into the regression analysis. A stepwise regression analysis was conducted with counselor preference (CnslrTyp) as the criterion variable and the religious information items as the independent variables with the level of significance inclusion criteria set at .05. Results showed that two religious information variables ("How strictly should Islam be observed?" [labeled Observance] and frequency of inviting a Muslim to join one in prayer [labeled Prayer-Invite]) accounted for 17% (R^2 = .173) of the variance of counselor preference type, $F(2, 95) = 9.91$, $p = .0001$, with a beta coefficient of .304 ($t = 3.21$, $p = .0018$) for the Observance variable and a beta coefficient of .237 ($t = 2.51$, $p = .0139$) for the Prayer-Invite variable. No other religious information variables entered the regression at the criterion inclusion level (.05).

Universal Values Questionnaire

Schwartz (1992) recommends several methods for analyzing results of the SUVQ. For purposes of this study, 10 value types were calculated by computing the mean score for the value items included within each type. In computing value type scores, only those 45 items were included which Schwartz found to be associated with the predicted value type in at least 27 of 36 international samples used for validating the types. Table 2 lists all SUVQ items according to the respective value types of the 45 items used in the analysis. The meaning of value types are presented in Table 3. Items were rated on a 9-point scale from -1 (opposed to my values) and 0 (not important) to 6 (very important) and 7 (of supreme importance), with middle score of 3 (important). Respondents (n = 121) scored highest in the value types of benevolence (M = 5.86, SD = .85) and conformity (M = 5.68, SD = 1.02) and lowest in power (M = 3.26, SD = 1.72),

hedonism (M = 3.79, SD = 2.08), and stimulation (M = 4.08, SD = 1.62) (see Table 2). The distribution of respondents' value type scores in comparison to the actual overall mean and standard deviation for all 45 items (M = 5.06, SD = .95) shows that benevolence and conformity scores were more than one-half standard deviation above the overall mean, whereas the power score was more than one and one-half standard deviations below the mean and the hedonism and stimulation scores were more than one standard deviation below the overall mean. On other value types, respondents' scores clustered near and above the overall mean for universalism (M = 5.41, SD = 1.07), security (M = 5.36, SD = 1.23), self-direction (M = 5.21, SD = 1.06), and tradition (M = 5.11, SD = 1.16), and near and below the overall mean for achievement (M = 4.63, SD = .96). A comparison of means and rank orderings of SUVQ themes for respondents in this study with professional counselors from a previous study (E. W. Kelly, in press-a) shows substantial differences in mean scores and rank-order positions for "Achievement" (Muslims: m = 4.63, rank = 7; professional counselors: m = 5.29, rank = 1) and "Conformity" (Muslims: m = 5.68, rank 2; professional counselors: m = 4.07, rank = 6). The two groups differed substantially in mean scores but not rankings for "Security" (Muslims: m = 5.36; professional counselors: m = 4.07, with mid-range rankings for both groups [4th and 6th respectively]), "Tradition" (Muslims: m = 5.11; professional counselors: m = 3.17, with low rankings for both groups [6th and 9th]), and "Power" (Muslims: m = 3.26; professional counselors: m = 2.09, with the lowest ranking for both groups [10th]). Both groups obtained generally comparable mean scores and rankings for "Benevolence," "Self-Direction," "Universalism," and "Hedonism."

Mental Health Values Questionnaire

For purposes of this study, the 11 mental value themes previously identified by E. W. Kelly (in press-a) were calculated by computing the mean score for the value items included within each type. Table 4 presents the means and standard deviations for all MHVS items according to the respective value themes for Muslim respondent in this study and for professional counselors from a previous study (E. W. Kelly, in press-a). Items were rated on a 7-point scale from 1 (strongly disagree) to 7 (strongly agree). Overall the respondents gave very high ratings for most items, suggesting a high degree of positive agreement for most mental health value items, as well as indicating a possible ceiling effect and only modest discriminative power for many items. The overall mean and standard deviation for all items was 6.37 and .45, with 9 of the 11 themes clustering within one standard deviation of the overall mean. The two exceptions were the themes of "Sexual Acceptance" with a mean (5.12) score over two standard deviations below the overall mean and "Materialistic Self-Advancement" with a mean (5.59) more than one standard deviation below the overall mean. A comparison of means

and rank orderings of MHVS themes for respondents in this study with professional counselors from a previous study (E. W. Kelly, in press-a) shows substantial differences in mean scores and rank-order positions for "Traditional Religiousness with Regulated Self-Control" (Muslims: $\underline{m}$ = 6.59, rank = 2; professional counselors: $\underline{m}$ = 4.83, rank = 10) and "Sexual Acceptance" (Muslims: $\underline{m}$ = 5.12, rank 11, professional counselors: $\underline{m}$ = 6.19, rank = 6). The two groups differed substantially in mean scores but not rankings for "Disciplined Personal Living with Rational Thinking" (Muslims: $\underline{m}$ = 6.43; professional counselors: $\underline{m}$ = 5.61, with mid-range rankings for both groups [5th and 8th respectively]), "Spirituality" (Muslims: $\underline{m}$ = 6.19; professional counselors: $\underline{m}$ = 5.48, with low rankings for both groups [9th]), "Materialistic Self-Advancement" (Muslims: $\underline{m}$ = 5.59; professional counselors: $\underline{m}$ = 4.25, with low rankings for both groups [10th and 11th respectively]). The two groups had widely different rankings but similarly high mean scores for "Autonomy" (Muslims: $\underline{m}$ = 6.30, rank = 7; professional counselors: $\underline{m}$ = 6.47, rank = 1). Both groups obtained generally comparable mean scores and rankings for "Positive Human Relatedness," "Compassionate Responsiveness," "Responsible Self-Expression, "Forgiveness," and "Purposeful Self-Development."

Within Group Differences

To examine the data for possible value differences within each of the two value areas (universal values and mental health values), MANOVAs were conducted with selected demographic and religious factors with the subscale scores of the SUVQ and the MHVS serving as the dependent variables. The sample size was not large enough to permit interactional analyses of demographic and religious factors because such analyses would have produced a number of empty or very small cells. Therefore, eight separate MANOVAs were conducted within the two value areas to investigate if there were value differences among the respondents according to eight selected factors. These eight factors consisted of three demographic factors of (a) age (grouped 12-30 [$\underline{n}$ = 37], 31-40 [$\underline{n}$ = 44], and 41+ [n = 37]), (b) gender (females [$\underline{n}$ = 43], males [$\underline{n}$ = 78), and (c) length of residence in the United States (labeled USRES and grouped 1-10 years [$\underline{n}$ = 33], 11-20 years [$\underline{n}$ = 50], and 21+ years [$\underline{n}$ = 37]); four religious factors of (a) adherence to a School of Law (labeled "Law" and grouped yes for any School [$\underline{n}$ = 86] and no [$\underline{n}$ = 35), (b) Sufism sympathy (yes [$\underline{n}$ = 58] or no [$\underline{n}$ = 47]), (c) degree of how strictly Islam should be observance (labeled "Observance" and grouped as strict [$\underline{n}$ = 57], moderate or adjusted if necessary [$\underline{n}$ = 61]), and (d) degree of one's own religiousness (labeled "Religiousness" and grouped very or quite religious [$\underline{n}$ = 80], somewhat or not very religious [$\underline{n}$ = 29]); and the one counselor preference factor (labeled "CnslrTyp") of preference for a Muslim counselor ($\underline{n}$ = 66) or acceptability of Muslim or non-Muslim counselor ($\underline{n}$ = 55). Not all categories have a total of 121 subjects because not all

subjects responded to all items. In order to minimize the possibility of Type I error for these multiple comparisons, MANOVAs within each of the two value areas were regarded as a family of eight multivariate comparisons, and a conservative overall error rate was determined by dividing the .05 alpha level by the number of separate procedures (8), resulting in a probability level of (.006) for accepting differences within each procedure (Myers, 1979; Toothaker, 1993).

Results of the MANOVA tests were as follows. With respect to the selected demographic factors, overall significant value type differences were found for age, Wilks $F(20, 210) = 2.10$, $p < .005$, with univariate and pairwise comparisons indicating that the two older groups (31-40 and 41+) scored significantly higher than the youngest group (12-30) on the universal value types (SUVQ) of conformity and security. There were no significant differences among other universal or mental health value types according to the demographic factors of gender and length of residence in the US. With respect to religious factors, overall significant differences were found on the "Observance" factor for universal values (SUVQ value types), $F(10, 107) = 4.58$, $p < .000$, with univariate comparisons indicating that the moderate/adjusted observance group scored significantly higher than the strict observance group on 7 of the 10 SUVQ value types (power, achievement, hedonism, stimulation, self-direction, universalism, tradition, and security), and on the "Religiousness" factor for universal values, $F(10, 110) = 2.81$, $p < .004$, with univariate comparisons indicating that the very/quite religious group scored significantly lower than the somewhat group on the SUVQ value type of hedonism. Overall differences on mental health values (MHVS) approached the accepted significance level for the "Religiousness" factor, $F(11, 109) = 2.49$, $p < .008$, with univariate comparisons indicating that the very/quite religious group scored significantly higher than the somewhat religious group on the mental health value types of "Traditional Religiousness with Regulated Self-Control" and "Disciplined Personal Living with Rational Thinking." There were no significant differences for any value types according to the religious factors of "Law" and "Sufism". With respect to the counselor preference factor (CnslrTyp), overall significant differences were found for universal values, $F(10, 108) = 2.67$, $p < .006$, with univariate comparisons indicating that the group preferring a Muslim counselor scored significantly higher than the group open to either a Muslim or non-Muslim counselor on the universal value types of tradition and conformity. Overall differences on mental health values (MHVS) approached the accepted significance level for the "CnslrTyp" variable, $F(11, 107) = 2.54$, $p < .007$, with univariate comparisons indicating that the Muslim counselor preference group scored higher than the non-preference group on the mental health value types of "Traditional Religiousness with Regulated Self-Control," "Disciplined Personal Living with Rational Thinking," "Compassionate Responsiveness," "Spirituality," and "Responsible

Self-Expression."

Discussion

The value profile emerging from this study portrays Muslim respondents who in the domain of universal values highly value benevolence (a concern for the welfare of close others with whom one is in frequent personal contact in everyday interaction) and conformity (a self-restraint on inclinations and actions that are likely to upset or harm others and violate social expectations and norms) and generally disvalues power (an aspiration toward social status and prestige with authority over others), hedonism (a desire for personal gratification through pleasure and enjoyment of life), and stimulation (a desire for variety, challenge, and excitement). Other universal value types (universalism, security, self-direction, tradition, and achievement) are clustered around the overall actual mean of the sample and about 2.5 to 1.5 points above the hypothetical average of the nine point scale of the SUVQ, indicating that these are important values for the Muslim respondents of this study, although relatively less important than benevolence and conformity on the one hand and considerably more important than power, hedonism, and stimulation on the other. In the domain of mental health values, the Muslim respondents of this study present a mostly congruent picture of very high valuing of 9 of the 11 mental health value types: positive human relations, traditional religiousness with regulated self-control, purposeful personal development, compassionate responsiveness, disciplined personal living with rational thinking, responsible self-expression, forgiveness, autonomy, and spirituality are all rated within a half-point of each other and near the top of the seven-point MHVS scale. The two exceptions to this were the mental health value types of sexual acceptance and materialistic self-advancement, both of which received mean ratings well below the overall actual mean of the sample. Three items in particular, ("Be accepting of one's own and others' individual sexual orientation," "Develop a rationality and ego-strength free of all religiously derived concept and practices," and "Improve one's material prosperity") contributed to the relatively low mean score on these two value types.

Muslims in this sample were as a group quite religious, with almost half responding that Islam should be strictly observed, another third responding that it should be moderately observed, and only 14 percent opting for adjusted observance. Moreover, over three-quarters of the sample considered themselves to be quite religious, with another 11 percent indicating that they were very religious. The high level of personal religiousness was also reflected in the observance of major Islamic practices, with over three-quarter responding that they fasted during Ramadan, over half prayed five times a day and attended mosque services on Friday, close to half saying that they read the

Qur'an, and a third responding that they invited other Muslims to prayer. However, although the respondents were overall quite religious, they were not a completely homogeneous group by any means. There was considerable difference with respect to adherence to a particular School of Law or adherence to any school at all; a little less than half of the respondents expressed sympathy for Sufism with more than a third responding negatively; and opinion was divided on the relationship of human freedom and divine determination, with almost half indicating belief in some degree of human freedom in relation to God's will, and another quarter indicating that humans have total freedom of choice.

Differences within the sample appear to be related to several differences in value choices and counselor preferences. Of particular note are value differences related to beliefs about how strictly Islam should be observed (labeled "Observance") and the degree of one's personal religiousness (labeled "Religiousness"). Those choosing moderate/adjusted Observance had significantly higher mean scores on power, achievement, hedonism, stimulation, self-direction, universalism, tradition, and security than the strict observers. Furthermore, those who considered themselves somewhat religious scored significantly higher in the universal value of hedonism and significantly lower in the mental health values of "Traditional Religiousness with Regulated Self-Control" and "Disciplined Personal Living with Rational Thinking." We may speculate that the relatively higher scores of the moderate/adjusted observance respondents on the first 6 of the 8 above-noted universal value types suggest a stronger sympathy for secular or worldly elements in value choices. If this be the case, this finding suggests that those Muslims who are more moderate or flexible in how they regard Islamic observance are more likely to include a secular dimension in their value orientation than do those Muslim holding to strict observance of Islam. However, the data in this study on the <u>overall</u> religiousness of the respondents indicate that this secular dimension of some respondents should not be interpreted as a non-religious attitude but a form of religiousness that considers a secular dimension as a legitimate part of one's religious belief and practice (e. g., as reflected in the large number of respondents who believe in the efficacy of human choice vis-a-vis God's will). Muslims who believe in strict Islamic observance and consider themselves very religious (variables that are significantly correlated in this study, $r = .38$, $p < .000$) are--not unexpectedly--more conservative with respect to the inclusion of secular elements in their religion; at the same time, more moderate or flexible Muslims also generally regard themselves as religious in belief and practice, albeit with a degree of active openness to the secular or human dimension.

The profile presented here can be a first step in helping counselors to be sensitively understanding of certain common, although not homogeneous, religious and value themes that characterize Muslims in America. In addition, other results of

this study can shed a helpful light on counseling with Muslim clients. Given that significant value differences and commonalities between client and counselor may have an important impact in counseling, a comparison of the value results in this study and in a previous study of professional counselors (E. W. Kelly, 1994b, in press-a) are worthy of note. Counselors' substantially higher valuing of the universal value of achievement and the mental health value of sexual acceptance and substantially lower valuing of the universal value of conformity and mental health value of traditional religiousness with regulated self-control, along with Muslims' somewhat higher valuing of security and tradition, suggest a generally more conservative, conventional, and traditional approach to life on the part of Muslims, especially highly religious Muslims, than professional counselors in general. Counselors, of course, must always take care not to stereotype individual clients on the basis of average group information; not all Muslims clients can be viewed through the same cognitive and attitudinal lens (and indeed not all professional counselors are cast in the same mold). Nonetheless, an understanding of typical value orientations associated with Islamic belief and Muslim culture--especially as these tend to differ with typical counselor value orientations--can serve as important background information in counselors' sensitive effort to avoid unethically or non-therapeutically intruding their own values in counseling and to empathically and respectfully respond to the value world of Muslim clients in a manner that is therapeutically beneficial.

This study also shows a number of important value similarities between Muslims and counselors, including generally high ratings for the universal values of benevolence, self-direction, and universalism, and the mental health values of positive human relatedness, compassionate responsiveness, responsible self-expression, forgiveness, and purposeful self-development, and generally low ratings for hedonism and power. This common value ground of Muslims and counselors may be especially important in building bridges of understanding between the American Muslim community and the counseling profession. A large area of value agreement can serve as secure context for dialogue between Muslims and counselors for increasing mutual understanding of Islam and the processes of counseling. These value commonalities also indicate a substantial ground of value agreement that can be beneficial in the development of trust and mutual understanding critical to an effective counseling relationship.

This study showed that almost half of the respondents would be willing to go to a non-Muslim counselor, while at the same time over three quarters would want a non-Muslim counselor to have an understanding of Islamic values. These results suggest a willingness of many Muslims to seek a non-Muslim counselor provided that the counselor is reasonably knowledgeable and responsive to Muslim values. This further highlights the need for American/Western, non-Muslim counselors to develop an

understanding and sensitivity to Muslims in America. Such an understanding is particularly pertinent with highly religious Muslims--an observation supported by the regression analysis in this study showing significant relationships between counselor preference and religious observance and personal religiousness.

While previous research shows that professional counselors in general highly value spirituality and, to a somewhat lesser but still high degree, religion in the more traditional sense (E. W. Kelly, 1994b, in press-a), other research indicates that spirituality and religion do not receive much attention in university counselor training (E. W. Kelly, 1994a). The findings of this study about the importance of religious values in counseling to many Muslims, as well as comparable findings for persons of other religions (Lehman, 1993), give additional weight to arguments for greater attention to spirituality and religion in counselor education and therapy training (Pate, 1992, E. W. Kelly, 1994a, in press-b; Shafranske, & Malony, 1990). With the Muslim population of America growing rapidly, the education of counselors about relevant spiritual/religious matters needs to encompass an appreciative understanding of Islam.

A number of limitations of this study should be noted. The sample size was relatively small and restraints on selection of participants made it impossible to insure its being representative of Muslims in America. The study did not include respondents from the large African-America Muslim community in America and had a moderate over-representation of Pakistani respondents. Limited resources made it necessary to collect information within a circumscribed area in sites that were predominantly religious (e. g. mosques, prayer groups) and to accept survey packets that respondents voluntarily returned on their own initiative. A comparison of responses to religious questions in our study (see Table 5) to identical questions in the Haddad and Lummis study shows generally similar response patterns for the important variable of observance (see Table 5, question 4), small to moderate differences for other items, except that our respondents indicated substantially more frequent participation in Islamic religious practices (see Table 5, question 7). Another comparison of our sample with that of the Haddad and Lummis (1987) sample shows that in relation to their study we had a relatively large percentage of Pakistani respondents and relatively small percentage of respondents who were Lebanese (a group long established in the United States). Haddad and Lummis make the point that the former tend to be somewhat more religiously conservative than the latter; this may have affected the general degree of religiousness in the overall sample. The return of surveys may also been adversely affected by what Haddad and Lummis noted in their study are the misgivings that some Muslims have in participating projects that inquire about their religious belief and practice. The survey was fairly long, a circumstance that may have contributed to the apparent ceiling effect on many items of the MHVS.

These limitations call for caution in interpreting and using

results. The study should be considered exploratory and preliminary. Nonetheless, it opens another door on an important and understudied group in counseling. Its value lies in portraying a preliminary value profile of generally religiously oriented Muslims in America, pointing to certain value and opinion diversity among American Muslims, indicating the value-related preference of many Muslims for Muslim counselors or at least counselors who have an understanding of Islam, and outlining general value similarities and differences between Muslims and counselors that are pertinent both to counseling practice and counselor education. Further research is needed to expand our background knowledge of the larger Muslim community in the United States, including especially African-American Muslims and Muslims who retain a cultural loyalty to Islam but whose general way of life may be more oriented to the secular than the traditional religious sphere. Of special importance will be research that investigates the actual participation of Muslims in counseling and psychotherapy, along methodological lines that are now being taken, for example, with Christian and Jewish clients.

References

Badri, M. B. (1979). The dilemma of Muslim psychologists. London: MWH Publishers.

Bergin, A. E. (1991). Values and religious issues in psychotherapy and mental health. American Psychologist, 46, 394-403.

Beutler, L. C., & Bergan, J. (1991). Value change in counseling and psychotherapy: A search for scientific credibility. Journal of Counseling Psychology, 38, 16-24.

Beutler, L. E., Crago, M., & Arizmendi, T. G. (1986). Therapist variables in psychotherapy process and outcome. In S. L. Garfield & A. E. Bergin (Eds.), Handbook of psychotherapy and behavior change (3rd ed.). New York: John Wiley & Sons.

Briggs, D. (1993, May 1). Mainstream religious leaders loath to accept Islam, leaders say. The Washington Post, pp. G10-G11.

Corey, G., Corey, M. S., & Callanan, P. (1992). Issues and ethics in the helping professions (4th ed.). Pacific Grove, CA: Brooks/Cole.

Dart, J. (1995, January 20). Study counts 500,000 active North American Muslims. National Catholic Reporter, p. 5

El-Badri, S. (1994). Understanding Islam in America. American Demographics, 16(1), 10-11.

Gartner, J., Harmatz, M., Hohmann, A., Larson, D., & Gartner, A. F. (1990). The effect of client and counselor values on clinical judgment. Counseling and Values, 35, 58-62.

Ghayur, M. A. (1981). Muslims in the United States: Settlers and visitors. Annals of the American Academy of Political and Social Science, 454, 150-63.

Haddad, Y. Y., & Lummis, A. T. (1987). Islamic values in the United States. New York: Oxford University Press.

Haugen, M. L., Tyler, J. D., & Clark, J. A. (1991). Mental health values of psychotherapists: How psychologists, psychiatrists, psychoanalysts, and social workers conceptualize good mental health. Counseling and Values, 36, 24-36.

Herr, E. L., & Niles, S. (1988). The values of counseling: Three domains. Counseling and Values, 33, 4-17.

Ibrahim, F. A. (1989). Response to "Psychology in the public forum" on socially sensitive research. American Psychologist, 44, 847-8.

Islamic Resource Institute. (1994). Survey report of the national survey of masjid communities. Fountain Valley, CA: Author.

Jackson, A. P., & Patton, M. J. (1992). A hermeneutic approach to study of values in counseling. Counseling and Values, 36, 201-209.

Jafari, M. F. (1993). Counseling values and objectives: A comparison of Western and Islamic perspectives. The American Journal of Islamic Social Studies, 10, 326-339.

Jensen, J. P., & Bergin, A. E. (1988). Mental health values of professional therapists: A national interdisciplinary survey. Professional Psychology: Research and Practice, 19, 290-297.

Kelly, E. W., Jr. (1994a). The role of religion and spirituality in counselor education: A national survey. Counselor Education and Supervision, 33, 227-237.

Kelly, E. W., Jr. (1994b). Value orientations of professional counselors: A national survey. Unpublished research report, George Washington University, Washington, DC.

Kelly, E. W., Jr. (in press-a). Counselor values: A national survey. Journal of Counseling and Development.

Kelly, E. W., Jr. (in press-b). Spirituality and religion in counseling and psychotherapy: Diversity in theory and practice. Alexandria, VA: American Counseling Association.

Kelly, T. A. (1990). The role of values in psychotherapy: A critical review of process and outcome effects. Clinical Psychology Review, 10, 171-186.

Kelly, T. A., & Strupp, H. H. (1992). Patient and therapist values in psychotherapy: Perceived changes, assimilation, similarity, and outcome. Journal of Clinical and Consulting Psychology, 60, 34-40.

Lehman, C. (1993, January 30). Faith-based counseling gains favor. The Washington Post, pp. B6-B8.

Melton, J. G. (1993). Encyclopedia of American religions (4th ed.). Detroit, MI: Gale Research.

Mitchell, C. L. (1993). The relationship of clinicians' values to therapy outcome ratings. Counseling and Values, 37, 156-164.

Myers, J. L. (1979). Fundamentals of experimental design (3rd ed.). Boston: Allyn and Bacon.

Norcross, J. C., & Wogan, M. (1987). Values in psychotherapy: A survey of practitioners' beliefs. Professional Psychology: Research and Practice. 18, 5-7.

Pate, R. H., Jr., & Bondi, A. M. (1992). Religious beliefs and practice: An integral aspect of multicultural awareness. Counselor Education and Supervision, 32, 108- 115.

Patterson, C. H. (1989). Values in counseling and psychotherapy. Counseling and Values, 33, 164-176.

Rashid, A. (1985). The Muslim Canadians, a profile. Ottawa: Statistics Canada.

Rifkin, I. (1994, December 31). Mainstream eclipsing mosque for Muslim youth. The Washington Post, pp. B7-B8.

Schwartz, S. H. (1992). Universals in the content and structure of values: Theoretical advances and empirical tests in 20 countries. Advances in Experimental Social Psychology, 25, 1-65.

Rokeach, M. (1973). The nature of human values. New York: The Free Press.

Schwenn, J., & Schau, C. G. (1990). Psychotherapy as a process of value stabilization. Counseling and Values, 35, 24-30.

Shafranske, E. P., & Malony, H. N. (1990). Clinical psychologists' religious and spiritual orientations and their practice of psychotherapy. Psychotherapy, 27, 72-78.

Stone, C. L. (1991). Estimate of Muslims living in

America. In Y. Y. Haddad (Ed.), The Muslims of America (pp. 25-36). New York: Oxford University Press.

Tjeltveit, A. C. (1986). The ethics of value conversion in psychotherapy: Appropriate and inappropriate therapist influence on client values. Clinical Psychology Review, 6, 515-537.

Toothaker, L. E. (1993). Multiple comparison procedures. Newbury Park, CA: Sage.

Vardy, M. M., & Stanley, R. K. (1982). The therapeutic value of values and therapy orientations. Psychiatry, 45, 226-233.

Waugh, E. H., Abu-Laban, S. M., & Qureshi, R. B. (1991). Muslim families in North America. Ontario: University of Alberta Press.

Table 1

Respondents' Countries of Origin

Country	N	Percentage	Country	N	Percentage
Pakistan	33	27.3	Syria	3	2.5
United States	18	14.9	Saudi Arabia	2	1.7
India	15	12.4	Bangladesh	1	.8
Iran	12	9.9	Eritrea	1	.8
Egypt	10	8.3	Indonesia	1	.8
Palestine	4	3.3	Kuwait	1	.8
Ethiopia	3	2.5	Somalia	1	.8
Iraq	3	2.5	Sudan	1	.8
Lebanon	3	2.5	No Response	9	7.4

Table 2

Universal Values: Professional Counselors and Muslim Sample

	Muslim Sample			Professional Counselors'		
Value Types and Value Items	Mean	Stddev	Rank	Mean	Stddev	Rank
Benevolence	5.86	.85	1	5.27	.80	2
33. Loyal (faithful to my friend, group)	5.70	1.19		5.00	1.28	
45. Honest (genuine, sincere)	6.28	.90		5.82	1.05	
49. Helpful (working for the welfare of others)	5.80	1.22		5.34	1.18	
52. Responsible (dependable, reliable)	5.94	1.01		5.39	1.06	
54. Forgiving (willing to pardon others)	5.55	1.30		4.79	1.36	
Self Direction	5.21	1.06	5	5.08	.84	3
5. Freedom (freedom of action and thought)	5.93	1.39		5.60	1.13	
16. Creativity (uniqueness, imagination)	5.04	1.71		4.63	1.40	
31. Independent (self-reliant, self-sufficient)	5.31	1.49		5.13	1.32	
41. Choosing your own goals (selecting own purposes)	5.41	1.39		5.44	1.17	
53. Curious (interested in everything, exploring)	4.38	2.00		4.58	1.47	
Universalism	5.41	1.07	3	4.89	.90	4
1. Equality (equal opportunity for all)	6.15	1.24		5.46	1.28	
Table 2, continued						
17. World at peace (free from war and conflict)	5.81	1.55		4.98	1.57	
24. Unity with nature (fitting into nature)	4.55	1.95		3.91	1.72	
26. Wisdom (a mature understanding of life)	5.74	1.28		5.48	1.13	

29. A world of beauty (beauty of nature and the arts)	4.58	1.87		4.40	1.42	
30. Social Justice (correcting injustice, care for the weak)	6.05	1.14		5.04	1.39	
35. Broadminded (tolerant of different ideas and beliefs)	5.43	1.53		5.42	1.17	
38. Protecting the Environment (preserving nature)	5.00	1.57		4.36	1.55	
Achievement	4.63	.96	7	5.29	1.05	1
34. Ambitious (hard-working, aspiring)	4.43	1.44		5.53	1.45	
39. Influential (having an impact on people and events)	3.76	1.51		4.07	1.87	
43. Capable (competent, effective, efficient)	5.60	.97		5.83	1.07	
55. Successful (achieving goals)	5.73	1.26		4.71	1.28	
Hedonism	3.79	2.08	9	4.14	1.24	5
4. Pleasure (gratification of desires)	3.29	2.29		3.51	1.46	
50. Enjoying Life (enjoying food, sex, leisure, etc.)	4.29	2.29		4.77	1.48	
Security	5.36	1.23	4	4.07	1.09	6
8. Social Order (stability of society)	5.07	1.76		3.87	1.53	
13. National Security (protection of my nation from enemies)	5.12	2.10		3.83	1.81	
15. Reciprocation of favors (avoidance of indebtedness)	4.92	1.86		3.09	1.72	
Table 2, continued						
22. Family Security (safety for loved ones)	5.92	1.43		5.72	1.15	
56. Clean (neat, tidy)	5.76	1.46		3.79	1.72	
Conformity	5.68	1.02	2	4.07	1.17	6
11. Politeness (courtesy, good manners)	5.78	1.36		4.09	1.45	
20. Self Discipline (self-restraint, resistance to temptation)	5.79	1.22		4.43	1.46	
40. Honoring parents and elders (showing respect)	6.07	1.20		4.36	1.54	
47. Obedient (dutiful, meeting obligations)	5.07	1.74		3.39	1.78	

Stimulation	4.08	1.62	8	3.59	1.24	8
9. Exciting Life (stimulating experiences)	3.95	2.03		3.89	1.47	
25. A Varied Life (filled with challenge, novelty and change)	4.37	1.81		4.37	1.44	
37. Daring (seeking adventure, risk)	3.91	2.19		2.49	1.81	
Tradition	5.11	1.16	6	3.17	1.27	9
18. Respect for Tradition (preservation of time-honored customs)	4.42	2.00		3.29	1.62	
32. Moderate (avoiding extremes of feeling & action)	4.95	1.73		2.89	1.78	
36. Humble (modest, self-effacing)	5.39	1.60		3.20	1.67	
44. Accepting my portion in life (submitting to life's circumstances)	4.93	1.95		2.83	2.19	
51. Devout (holding to religious faith & belief)	5.84	1.45		3.65	2.51	
Power	3.26	1.72	10	2.09	1.10	10
3. Social Power (control over others, dominance)	1.52	2.42		.35	1.52	
Table 2, continued						
12. Wealth (material possessions, money)	3.87	2.07		2.94	1.46	
27. Authority (the right to lead or command)	3.42	2.29		2.43	1.69	
46. Preserving my public image (protecting my "face")	4.24	2.11		2.61	1.82	

Note: On all 45 items, the mean and standard deviation for the Muslim sample was 5.06 and .95, and for the professional counselors 4.21 and .66.

' Value scores for professional counselors are from E. W. Kelly (1994b).

Table 3

Universal Value Types (Schwartz, 1992)

Self-Direction (SD). An aspiration toward independent thought and action and being curious and creative.

Stimulation (ST). A desire for variety, challenge, and excitement.

Hedonism (HE) A desire for personal gratification through pleasure and enjoyment of life.

Benevolence (BE). A concern for the welfare of close others with whom one is in frequent personal contact in everyday interaction.

Universalism (UN). An appreciative concern for the welfare of all people and for nature.

Tradition (TR). An acceptance of and respect for customs and ideas that one's culture or religion enjoin on the individual.

Conformity (CO). A self-restraint on inclinations and actions that are likely to upset or harm others and violate social expectations and norms.

Power (PO). An aspiration toward social status and prestige with authority over others.

Achievement (AC). An aspiration toward demonstrated and effective competence and personal success.

Security (SE). A concern for safety, harmony, and stability in society, relationships, and one's personal life.

Table 4

Mental Health Values: Comparisons of Muslim Sample and Professional Counselors

	Muslim Sample			Professl Cnslrs'		
	Mean	Stddev	Rank	Mean	Stddev	Rank
Theme 1: Positive Human Relatedness	6.68	.38	1	6.26	.50	4
*2. Develop ability to give and receive affection.	6.60	.69		6.62	.57	
*6. Be loyal and committed in relationships.	6.71	.66		6.27	.82	
9. Develop attitudes and skills of cooperation and teamwork.	6.67	.67		6.18	.80	
10. Develop positive attitudes and skills for family relationships.	6.81	.60		6.52	.65	
12. Become generous in sharing one's material resources.	6.42	1.04		4.59	1.37	
*17. Increase one's ability to be sensitive to others' feelings.	6.60	.80		6.55	.60	
*19. Develop one's social awareness and social responsibility.	6.60	.82		6.14	.86	
*20. Increase one's respect for human value and worth.	6.82	.43		6.67	.61	
*21. Be nurturant in relationships.	6.82	.50		6.09	.92	
*25. Be open, genuine, and honest with others.	6.77	.62		6.60	.59	
Theme 2: Traditional Religiousness with Regulated Self-Control	6.59	.78	2	4.83	1.34	10
*15. Abstain from sexual intercourse until marriage.	6.60	1.20		3.52	2.15	
*16. Have sexual relations exclusively with one partner in a committed relationship.	6.69	1.35		5.85	1.46	
Table 4, continued						
*35. Abstain from the use of illicit drugs.	6.88	.62		6.53	.95	
*51. Guide one's life according to religious principles and ideals.	6.55	1.02		4.74	1.88	
*52. Have a religious affiliation in which one actively participates.	6.33	1.20		4.24	1.98	

*53. Submit oneself to the will of a supreme being.	6.60	1.01		4.13	2.17	
Theme 3: Disciplined Personal Living with Rational Thinking	6.43	.55	5	5.61	.79	8
*5. Regulate one's behavior by developing and applying personal principles and ideals.	6.24	1.83		6.31	.91	
26. Be willing to bear inconvenience and suffering for a good purpose.	6.57	.88		5.43	1.41	
*28. Actively discipline oneself for the sake of personal growth.	6.30	.97		5.81	1.11	
*30. Improve one's ability to persevere.	6.54	.80		5.92	.95	
*33. Become self-sacrificing and unselfish.	6.20	1.07		4.29	1.74	
*34. Think rationally and improve one's judgment.	6.61	.88		6.03	1.00	
*41. Develop skills in being analytical and objective.	6.59	.80		5.45	1.20	
Theme 4: Compassionate Responsiveness	6.52	.60	4	6.26	.60	4
36. Show compassion for others.	6.75	.61		6.55	.65	
42. Become sensitive and responsive to needs of the poor and oppressed.	6.68	.74		5.68	1.21	
*43. Be positively hopeful in one's expectation for the future.	6.44	.75		6.28	.74	
45. Become tolerant of diverse beliefs.	6.14	1.21		6.31	.95	
46. Become understanding and respectful of cultures other than one's own.	6.59	.77		6.51	.74	
Theme 5: Spirituality	6.19	.98	9	5.48	1.39	9
*48. Seek a spiritual understanding of the universe and one's place in it.	6.38	1.11		5.78	1.43	
Table 4, continued						
*49. Seek inner wholeness and strength through communion with a higher power.	6.26	1.21		5.53	1.69	
*50. Live in accord with the spiritual/transcendental connectedness of all reality.	5.93	1.33		5.11	1.70	
Theme 6: Materialistic Self-Advancement	5.59	1.05	10	4.25	1.04	11
11. Enhance one's competitive abilities.	6.17	1.10		4.28	1.54	
22. Improve one's material prosperity.	5.56	1.57		4.06	1.55	

*29. Strive for achievement.	6.55	.74		5.61	1.14	
44. Develop a rationality and ego-strength free of all religiously derived concept and practices.	4.07	2.45		3.05	1.95	
Theme 7: Responsible Self-Expression	6.39	.57	6	6.38	.46	3
*7. Assume responsibility for one's actions.	6.84	.56		6.88	.35	
8. Understand and develop oneself in view of one's current stage of life development.	6.31	.89		6.32	.85	
*18. Become skilled in the expression of one's feelings in an accurate and constructive way.	6.50	.83		6.66	.56	
*27. Increase one's receptivity to new experiences.	6.10	1.00		6.03	.83	
31. Enhance one's assertive skills.	6.22	1.03		6.01	.83	
Theme 8: Forgiveness	6.33	.76	7	6.17	.68	7
37. Recognize, accept, and deal with hurt and anger provoked by actions of others.	6.36	.93		6.58	.65	

Table 4, continued

*38. Be able to forgive parents or others who have inflicted disturbance in oneself.	6.64	.70		6.08	1.06	
*39. Be able to forgive oneself for mistakes that have hurt others.	6.12	1.28		6.51	.68	
*40. Seek forgiveness for one's negative influence.	6.22	1.07		5.53	1.33	
Theme 9: Autonomy	6.30	.70	8	6.47	.53	1
1. Develop attitudes and skills of self-reliance.	6.63	.72		6.62	.57	
*3. Enhance one's feelings of autonomy.	6.08	1.10		6.34	.80	
*4. Become free from inhibiting dependency.	6.17	.90		6.46	.77	
Theme 10: Purposeful Personal Development	6.59	.48	2	6.47	.47	1
23. Develop competency in an occupation or career.	6.60	.72		6.18	.85	
24. Have a sense of purpose for living.	6.83	.50		6.77	.50	

*32. Practice consistent habits of physical health and personal grooming.	6.32	1.00		6.25	.83	
47. Develop nonviolent attitudes and skills of problem solving and conflict resolution.	6.63	.73		6.70	.65	
Theme 11: Sexual Acceptance	5.12	1.26	11	6.20	.83	6
*13. Understand that sexual impulses are a natural part of oneself.	6.13	1.04		6.20	.91	
14. Be accepting of one's own and others' individual sexual orientation.	4.10	2.08		6.19	1.16	

Note. Items with asterisk (*) are adopted, and in some case slightly adapted, from Jensen and Bergin (1988). On all 53 items the mean and standard deviation for the Muslim sample was 6.37 and .45, and for the professional counselors 5.85 and .49.

[a]Value scores for professional counselors are from E. W. Kelly (1994b).

Table 5

Responses to Religious Observance Questions

1. Question: What School of Islamic Law do you adhere to?

School	N	Percentage	School	N	Percentage
Hanafi	42	34.7	Maliki	3	2.5
Other	6	12.0	Hanbali	2	1.7
Shafii	5	4.1	None/NR	35	28.9
Jafari	3	22.0			

2. Question: Do you consider yourself to be sympathetic to Sufism?

Response	N	Percentage	N	Percentage	N	Percentage
Yes	58	47.9	No	47	38.8	No Response	16	13.2

3. Question: Which of the following statements comes closest to your view?*

Response	N	Percentage
Everything in life is determined by God	27	22.3
God allows the human being to have some free choice in life	56	46.3
God gives the human being total free choice in life	30	24.8
No Response	8	6.6

4. Question: How strictly Islam should be observed?*

Response	N	Percentage	Response	N	Percentage
Strictly	57	47.1	Adjusted if necessary	17	14.0
Moderately	44	36.4	No Response	3	2.5

5. Question: How religious you consider yourself?*

Response	N	Percentage	Response	N	Percentage
Very religious	14	11.6	Somewhat religious	26	21.5
Quite religious	77	63.6	Not very religious	4	3.3

6. Question: In the last four years would you say you have:*

Response	N	Percentage
Become more religious	56	46.3